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North-East COVID-19

Observatory

Issue 5—13 July 2020



Welcome

Welcome to our fifth themed issue in which we are focusing on gender issues. We have two guest speakers to provide a male and female perspective, and we have provided resources that address the oft-marginalised gender groups. The bulletin is available two-weekly and will have a dedicated theme and contain news, professional matters, and relevant professional and light reading. Each issue will have one or two guest contributors with a specialist interest in the chosen theme. We value any feedback and encourage people to request themes or to send in resources that others might find interesting.

Fortnightly Theme: Gender & COVID-19

Our two guest writers are **Nicoleta Ciubotariu**, Deputy Manager from Rape Crisis Grampian, and **Dr Nick Adams**, Research Fellow at the School of Nursing and Midwifery, and Associate Lecturer in the School of Applied Social Studies at RGU.



Nicoleta Ciubotariu shares her thoughts on how the lockdown impacts survivors of gender-based violence and recommends some helpful resources available below.

The lockdown measures taken during the crisis may be difficult for survivors of gender-based violence, both for those who live with their perpetrator at the time and those who have experienced it at some other point in their lives.

The loss and lack of control, as well as isolation, can be potent triggers of past trauma. Survivors of past abuse might experience anxiety, panic attacks, urges to self-harm, and difficulties coping, to name a few. Lockdown also makes it more difficult for survivors to access their support networks – people are not able to go and see a supportive friend or a family member, and can be reluctant to have support sessions over videoconferencing or phones because they fear being overheard. Therefore, it is very important to listen non-judgmentally to the people who do reach out, go at their own pace, and let them know that their feelings and reactions are valid. It can also come handy to have a list of online resources such as grounding techniques, breathing and mindfulness exercises. It is also important for people who support survivors to practice self-care and make sure they make time to recharge their batteries, especially during these times.

Rape Crisis Grampian continues to offer support to all survivors of sexual violence. Our staff are working from home, and we would always use survivors' preferred form of contact – whether that is text, email, phone or contact during specified hours only. People can get in touch via email info@rapecrisisgrampian.co.uk, phone 01224 590 932 (This number is manned during usual working hours, but people can always leave a voice

message and we will get back to them), visit www.rapecrisisgrampian.co.uk, Facebook: [Rapecrisis Grampian](#) or Instagram: [Grampianrapecrisis](#).



Dr Nick Adams shares his thoughts on gender issues during COVID-19 and recommends some recent research in this area.

Media focus on the ongoing worldwide Covid-19 pandemic has largely centralised on the restrictive travel sanctions, necessary social distancing measures, and tracking of the overall spread of the virus. While the importance of these issues is doubtless in the impacts they carry over mental, physical and societal wellbeing, coverage surrounding gender issues has been comparably minor. However, gender issues that surround Covid-19 are highly salient, as emerging research demonstrates. Firstly, emerging evidence suggests travel sanctions and home-working directives - implemented for health safeguarding - have placed some already at risk persons, at increased risk of domestic abuse. [An article by Roesch et al.](#), deconstructs pathways of risk, health sector response, and provides links to an array of relevant resources.

Secondly, new studies of already at-risk-of-marginalisation social gender groups that include transgender and non-binary persons have identified that changes in healthcare management to accommodate for Covid-19 response, can reduce necessary access to hormone replacement, therapies, and surgery. This impacts individual mental and physical health, coping, and perceived Quality of Life. [A study by Van der Miesen et al.](#) breaks down the often 'non-essential' labelling of gender-affirming medical treatments, and the psychological impacts deferral of such important care has over persons awaiting treatment.

Thirdly, and in tandem with the above concerns, several new grants and research initiatives have begun to reveal the disproportionate ways in which Covid-19 can affect different genders. The Norwegian Institute of International Affairs (NIIA) recently published a [global impact evaluation](#) (funded by the UN Peace Operations Programme) concluding shifting global health commitments have pushed back initiatives moving towards achieving gender-equality. NIIA conclude women are disproportionately affected on a global level by Covid-19. The publication provides links to an array of relevant policy references.

Relatedly, [a recent academic publication by Bali et al.](#), breaks-down gendered vulnerability as socioeconomic impact of the Covid-19 outbreak. They discuss that while global mortality appears higher amongst men, socioeconomic impacts disproportionately effect women, due to existing sociological factors, and links to embedded gendered decision-making within global rapid recovery and response policies.

Women and COVID-19

The Women's Budget Group, independent organisation monitoring impact of governmental policies on women explored in its [recent report](#) the impact of Covid-19 on women. Some of key facts from the report include:

- Women are the majority of health and care workers. 77% of healthcare workers are women, as are 83% of the social care workforce.
- Women are the majority of workers with highest exposure to Covid-19. Of the 3,200,000 workers in 'high risk' roles, 77% are women. Over a million of these workers are paid below 60% median wages. 98% are women.
- Young women are disproportionately likely to work in the sectors that have been hit hardest by the

lock-down. 36% of young women and 25% of young men worked in sectors that have been closed down including restaurants, shops, leisure facilities and travel and tourism.

- Women are more likely to be low paid and in insecure employment. 69% of low paid earners are women 74% of those in part-time employment are women. 54% of those on zero hours contracts are women.
- Women are the majority of people living in poverty and female-headed households are more likely to be poor. For example, 45% of lone parents (90% of whom are women) are living in poverty.
- On average, women carry out 60% more unpaid work than men. This means they earn less, own less and are more likely to be living in poverty.
- Women are more likely to experience domestic and sexual violence and abuse. 20% of women and 4% of men have suffered sexual assault, including attempts, since age 16, equivalent to an estimated 3.4 million women and 631,000 men. More than 1 in 4 women will experience domestic abuse during her lifetime: that is 1.3 million women under 60 in the last year alone.
- Women are the majority (67%) of people living in homelessness, with single parents making up two-thirds of homeless families with children.

The office for Women of the United Nations have collected sex-disgregated data on the impact of COVID-19 on women at a global level (see [here](#)). The differences were more significant in health care population, with women being twice or three times more likely to get infected than their males counterparts. This is partly related with the fact that females are the biggest group providing direct care activities, however, [questions have been raised](#) about the adequacy of PPE sized to male standard and often poorly fitting in women's bodies.

Resources

Resources for practitioners who support women, children and young people experiencing domestic abuse:

[Guide](#) for frontline staff including how to spot signs of abuse, how to respond, useful numbers and additional resources.

Resources on Domestic Abuse (Physical and Psychological):

[National Domestic Abuse Helpline](#): 24-Hour Freephone: 0808 2000 247

[Domestic Violence and Abuse](#): Resources for LGBT[Q+] people

[AMIS – Abused Men in Scotland](#)

[Women's Aid](#): Developed resources for survivors, friends, family, neighbours and community members.

These cover issues such as isolating at home with abusive person and what support is available to survivors. These materials are available also in the following languages: Portuguese, French, Punjabi, Polish, Bengali, Urdu, Arabic, Gujarati, Chinese – Traditional, Chinese – Simplified, Spanish, Turkish, Farsi, Kurdish (Sorani), Welsh.

[Scottish Women's Aid](#)

COVID-19 Safety and support resources

[Aberdeen Abuse Services](#): Live Tracker. This document tracks and updates the current scope of service provision for organisations who offer support to people experiencing abuse in Aberdeen.

[FollowItApp](#): App that allows users to securely keep a log of stalking incidents

[Rape Crisis Scotland](#): resources on flashbacks, panic attacks, nightmares etc

During Covid-19 confidential support can be sought by visiting a consultation room in any UK Boots pharmacy.

COVID-19 Library

Weekly Recommended Professional Reading

We have selected two papers that you might find interesting and which are related to the theme.

This paper considers public health outcomes and gender equity issues arising from the disease:

- [Leung, T.Y., Sharma, P. Adithipyangkul, P., and Hosie, P., 2020. Gender equity and public health outcomes: The COVID-19 experience. Journal of Business Research, 116, pp. 193-198.](#)

This paper presents a review of data to consider whether women are less prone than men to the disease:

- [Rozenberg, S. Vandromme, and Charlotte, M., 2020. Are we equal in adversity? Does Covid-19 affect women and men differently? Maturitas, 138, pp. 62-68.](#)

Light Reading

Gendered and racial discrimination have been exacerbated by the COVID-19 crisis. This blog on The Higher Education website, is written by women in science and outlines how they are battling both Covid-19 and the patriarchy. They argue that the worst impacts of the coronavirus will undoubtedly be the loss of lives, the collapse of economies, the disruption of humanitarian aid and the decay of democracies. However, they fear that the hard-won progress for women in science will be collateral damage of this crisis:

- [The battles of women in science during COVID-19](#)

The Editorial Team

We are a small team from the School of Nursing and Midwifery at Robert Gordon University (RGU). Angela Kydd, Clinical Professor in Nursing RGU / NHSG (editor); Piotr Teodorowski, Research Assistant (deputy editor); Dr Zoi Papadatrou, lecturer adult nursing; Maria Velo Higuera, lecturer midwifery; Colin MacLean, librarian; Rahul Oza, Online Learning Developer.

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